

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000106560

Entity Name: ANIMAL MEDICAL HOSPITAL OF STUART, LLC

Current Principal Place of Business:

825 NW DIXIE HIGHWAY
SUART, FL 34994

Current Mailing Address:

825 NW DIXIE HIGHWAY
SUART, FL 34994

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRECHBILL, MARK
215 SW FEDERAL HWY
SUITE 200
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MILLER, LYNNLY V
Address 825 NW DIXIE HIGHWAY
City-State-Zip: SUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNNLY V. MILLER

MANAGER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date